



**FOND DU LAC COUNTY ADRC & DCP**  
**INFORMATION SHEET FOR GUARDIANSHIP**  
**AND/OR PROTECTIVE PLACEMENT**

1. Name of petitioner: \_\_\_\_\_

2. Name, date of birth, phone number, residence & address of the ward:

First name: \_\_\_\_\_

Middle initial: \_\_\_\_\_

Last name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

3. Name and address of person or institution having care and custody of the proposed ward: \_\_\_\_\_

Address of person or facility: \_\_\_\_\_

Telephone number: \_\_\_\_\_

a) Effective date of ward's arrival @ facility, if not residing at personal residence or home: \_\_\_\_\_

Name, relationship and current address of spouse, parents, relatives and phone number of all other persons believed to be interested:

<u>Name</u>	<u>Address</u>	<u>Relationship</u>	<u>Phone number</u>
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4. Type of guardianship needed: ( ✓ ) all that apply:

\_\_\_\_\_ guardianship of person  
\_\_\_\_\_ guardianship of property  
\_\_\_\_\_ protective placement  
\_\_\_\_\_ temporary guardianship of person  
\_\_\_\_\_ temporary guardianship of property  
\_\_\_\_\_ successor guardianship  
\_\_\_\_\_ stand-by guardianship

5. Name, address and phone number of **proposed** guardian:

Name of proposed guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

6. Name, address and phone number of **stand-by** guardian:

Name of proposed guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

7. Name, address and phone number of **SUCCESSOR** guardian:

Name of proposed guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

8. Is there currently a power of attorney for:

\_\_\_\_\_ **Person and Property**  
\_\_\_\_\_ **Person Only**  
\_\_\_\_\_ **Property Only**  
\_\_\_\_\_ **None**

**Attachments Needed:**

- ☐ **Doctor report evaluating incapacity**
- ☐ **Financial Information/Declaration of Income and Assets completed form**
- ☐ **If any exist, copies of all available power of attorney documents. Attach POA of HC-only asking for guardian of person**

## FINANCIAL INFORMATION/DECLARATION OF INCOME AND ASSETS

INCOME: (GROSS MONTHLY)		ASSETS			
	CLIENT	SPOUSE	CLIENT	SPOUSE	JOINT
1) WAGES OR SALARY	\$	\$	1) CASH	\$	\$
2) NET INCOME FROM			ON HAND		
SELF EMPLOYMENT	\$	\$	2) SAVINGS	\$	\$
3) SOCIAL SECURITY	\$	\$	3) CHECKING	\$	\$
4) SSI/SSI-E	\$	\$	4) CERT. DEP.	\$	\$
5) VETERANS PENSIONS	\$	\$	5) MONEY MKT	\$	\$
6) PENSION/ANNUITIES	\$	\$	6) IRA ACCT	\$	\$
7) INTEREST INCOME	\$	\$	7) STOCKS	\$	\$
8) ESTATE/TRUST INCOME	\$	\$	8) BONDS	\$	\$
9) NET "RENTAL INCOME"	\$	\$	9) CREDIT UNION	\$	\$
10) WORKMAN'S COMP	\$	\$	10) OTHER		
11) UNEMPLOYMENT COMP	\$	\$	11) NON-HOMESTEAD		
12) ALIMONY/SPOUSAL SUP/			PROPERTY VALUE	\$	\$
CHILD SUPPORT	\$	\$	12) REAL ESTATE	\$	\$
13) OTHER	\$	\$	13) Life Insurance		
<b>JOINT TOTAL INCOME \$</b>			<b>JOINT TOTAL ASSETS \$</b>		

  

<b>DO YOU HAVE?</b>			<b>VAULT TRUST AMT \$</b>	
A MARKER	YES	NO		
CASKET TRUST AMT	\$			
BURIAL PLOT	YES	NO	LOCATION:	
IRREVOCABLE BURIAL TRUST AMT \$			NAME OF FUNERAL HOME	

  

HAS THE CLIENT OR THEIR SPOUSE GIVEN AWAY ANY PROPERTY (SUCH AS LAND, STOCKS, BONDS, CASH, ETC) IN THE LAST SIXTY SIXTY (60) MONTHS INCLUDING TRANSFER OF PROPERTY TO CHILDREN, RELATIVES, OR OTHER PERSONS? YES \_\_\_\_\_ NO \_\_\_\_\_

  

NAME OF PERSON COMPLETING THIS FORM	_____
RELATIONSHIP TO CLIENT	_____

SIGNATURE



DATE